# **Application Data Sheet**

#### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Computer Readable Form (CRF)?::

No

Title::

LIQUID DOSAGE COMPOSITIONS OF

STABLE NANOPARTICULATE ACTIVE

**AGENTS** 

Attorney Docket Number::

029318-0961

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

0

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

H. William

Family Name::

**BOSCH** 

City of Residence::

Bryn Mawr

State or Province of

PA

Residence::

BEST AVAILABLE COPY Page #

Initial 07/16/03

Country of Residence::

US

Street of mailing address::

237 Rodney Circle

City of mailing address::

Bryn Mawr

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19010

address::

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Matthew R.

Family Name::

HILBORN

City of Residence::

King of Prussia

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

c/o Elan Pharma International, Ltd.

3500 Horizon Drive

City of mailing address::

King of Prussia

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19406

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Douglas C.

Family Name::

HOVEY

City of Residence::

Trooper

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

19 North Midland Ave.

City of mailing address::

Trooper

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19403

address::

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Laura J.

Family Name::

KLINE

City of Residence::

Harleysville

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

200 Fawn Drive

City of mailing address::

Harleysville

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19438

address::

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Robert W.

Family Name::

LEE

City of Residence::

King of Prussia

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

c/o Elan Pharma International, Ltd.

3500 Horizon Drive

City of mailing address::

King of Prussia

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19406

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

ŲS

Status::

Full Capacity

Given Name::

John D.

Family Name::

PRUITT
Collegeville

City of Residence::

\_\_

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

603 Buyers Road

City of mailing address::

Collegeville

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19426

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Sweden

Status::

Full Capacity

Given Name::

Niels P.

Family Name::

RYDE

City of Residence::

Malvern

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

54 Lloyd Ave.

City of mailing address::

Malvern

BEST AVAILABLE COPY

Page # 4

Initial 07/16/03

State or Province of mailing

PΑ

address::

Postal or Zip Code of mailing

19355

F&L 4th FLR REAR

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Finland

Status::

Full Capacity

Given Name::

Tuula A.

Family Name::

RYDE

City of Residence::

Malvern

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

54 Lloyd Ave.

City of mailing address::

Malvern

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19355

address::

**Correspondence Information** 

Correspondence Customer Number::

22428

E-Mail address::

msimkin@foleylaw.com

Representative Information

Representative Customer	22428	
Number::		

# BEST AVAILABLE COPY

## **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Non-Provisional of	60/396,530	07/16/2002

### Foreign Priority Information

Country::	Application	Filing Date::	Priority Claimed::
	number::		·
		·	

#### **Assignee Information**

Assignee name::

Elan Pharma International, Ltd.

# BEST AVAILABLE COPY